

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	17H-D		12-03-01
O.I.P.E. CLASSIFIER			12-10-01
FORMALITY REVIEW	Dr	115	12-12-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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